

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty PTB-4398-559

Dkt.

C# M#

GING et al.

TC/A.U. 3772

Serial No. 10/585,091

Examiner: N. Patel

Filed: March 23, 2007

Date: October 28, 2009

Title: MASK SYSTEM

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.**Fees are attached as calculated below:**

Total effective claims after amendment	28	minus highest number			
previously paid for	28	(at least 20) =	0	x \$52.00	\$0.00 (1202)/\$0.00 (2202) \$ 0.00

Independent claims after amendment	5	minus highest number			
previously paid for	5	(at least 3) =	0	x \$220.00	\$0.00 (1201)/\$0.00 (2201) \$ 0.00

If proper multiple dependent claims now added for first time, (ignore improper); add					
				\$390.00 (1203)/\$195.00 (2203)	\$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)					
				One Month Extension \$130.00 (1251)/\$65.00 (2251)	
				Two Month Extensions \$490.00 (1252)/\$245.00 (2252)	
				Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)	
				Four Month Extensions \$1730.00 (1254)/\$865.00 (2254)	
				Five Month Extensions \$2350.00 (1255)/\$1175.00 (2255)	\$ 0.00

Terminal disclaimer enclosed, add					
				\$140.00 (1814)/ \$70.00 (2814)	\$ 0.00

<input type="checkbox"/> Applicant claims "small entity" status.	<input type="checkbox"/> Statement filed herewith				
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Rule 56 Information Disclosure Statement Filing Fee				\$180.00 (1806)	\$ 0.00
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Assignment Recording Fee				\$40.00 (8021)	\$ 0.00
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Other:					\$ 0.00
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TOTAL FEE	\$ 0.00
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 CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

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 Arlington, Virginia 22203-1808
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 PTB:IGS/lmr

NIXON & VANDERHYE P.C.
 By Atty: Paul T. Bowen, Reg. No. 38,009

Signature: _____